The Commonwealth of Massachusetts
State Board of Retirement
One Ashburton Place, Boston, MA 02108-1607

Timothy P. Cahill
Treasurer and Receiver General
Chairman

ROOM 1219
(617) 367-7770
1-800-392-6014

OPTION SELECTION FORM

OPTION A

I request my pension be paid in accordance with Option A as provided in Section 12, subsection 2 of Chapter 32.

I UNDERSTAND BY CHOOSING THIS OPTION, UPON MY DEATH, I RELINQUISH ALL CLAIMS TO THE TOTAL CONTRIBUTIONS AND THE TOTAL INTEREST THAT HAVE BEEN CREDITED TO MY ACCOUNT. My Designated Beneficiary(ies) listed below will receive only a prorated amount for the number of days I live in the month of my death. **THERE ARE NO SURVIVOR BENEFITS.**

PLEASE INDICATE BELOW YOUR DESIGINATED PRIMARY BENEFICIARY(IES)

PRIMARY BENEFICIARY INFORMATION (MUST BE COMPLETED)

PROPORTION

NAME:_____**SSN#** _____**D.O.B.**_____/_____/_____ _____**%**

ADDRESS:_____

NAME:_____**SSN#** _____**D.O.B.**_____/_____/_____ _____**%**

ADDRESS:_____

NAME:_____**SSN#** _____**D.O.B.**_____/_____/_____ _____**%**

ADDRESS:_____

TO ADD MORE PRIMARY BENEFICIARIES OR TO ADD CONTINGENT BENEFICIARY(IES), USE SECOND PAGE /SIDE

MEMBER INFORMATION

PRINT NAME:_____ **SSN:**_____

SIGNATURE:_____ **DATE:**_____

SIGNATURE OF WITNESS- THIS OPTION FORM MUST BE WITNESSED. IF THE MEMBER IS MARRIED, THE WITNESS MUST BE THE SPOUSE.

By witnessing this form, I acknowledge that I have read and understand the provisions of this Option:

PRINT NAME:_____

ADDRESS:_____

SIGNATURE:_____ **DATE:**_____

PLEASE INDICATE BELOWANY ADDITIONAL DESIGNATED PRIMARY BENEFICIARY (IES)

PRIMARY BENEFICIARY INFORMATION (MUST BE COMPLETED)

PROPORTION

NAME:_____ SS# _____ _____%

ADDRESS:_____

NAME:_____ SS# _____ _____%

ADDRESS:_____

PLEASE INDICATE BELOW YOUR DESIGNATED CONTINGENT BENEFICIARY (IES)- IF ANY

CONTINGENT BENEFICIARY INFORMATION

PROPORTION

NAME:_____SSN# _____D.O.B._____/_____/_____ _____%

ADDRESS:_____

NAME:_____SSN# _____D.O.B._____/_____/_____ _____%

ADDRESS:_____

NAME:_____SSN# _____D.O.B._____/_____/_____ _____%

ADDRESS:_____

NAME:_____SSN# _____D.O.B._____/_____/_____ _____%

ADDRESS:_____